# Discussion of the New CO Assessment Level of Care (LOC) & Reliability Analyses

Presentation to Stakeholders

October 2019

# Our Mission

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

# October 2$^{nd}$ Stakeholder Meeting Agenda

- Introductions and overview of meeting

- Discussion of pilot progress and challenges

- Updates on the automation

- Review of next pilot phases

- Updates to the stakeholder meeting schedule

- Reliability analysis discussions

- Adult NF LOC initial discussions

# October 3rd Stakeholder Meeting Agenda

- Introductions and overview of meeting
- Adult NF LOC discussions
- Adult H-LOC preliminary analyses and next steps
- Wrap-up and next steps

# Pilot Progress & Challenges

# Pilot Progress - Pilot Samples

| Population | Single/Primary Assessor | Dual Assessor |
|---|---|---|
| Children - Non-CLLI | 64 | 17 |
| Children - CLLI | 17 | |
| EBD | 134 | 30 |
| IDD | 98 | 30 |
| Mental Health | 100 | 30 |
| **Total** | **413** | **107** |

Dual Assessor = 2 CMs both scoring assessment to assess reliability

# CM Communication & Feedback

- Conducted bi-weekly meetings with CMs to provide them with training updates and obtain feedback
- CMs turned in feedback sheets after each assessment, providing feedback from CM and participants
- Sent weekly email summaries of pilot progress, training updates, and FAQs
- Made modifications to language, process, and training during and after the pilot based on this feedback
  - Changes to make items clearer
  - Were careful to not change the intent of items

# Pilot Challenges

- Completed LOC pilot with 62 case managers, 52 continued with NF/H-LOC & Reliability Pilot
    - 6 did not complete any assessments
    - 7 completed 1-2 of the required 8 assessments
- During pilot an agency with large number of pilot CMs merged with another agency, resulting in the loss of 4 case managers who chose not to work at the merged agency

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# Pilot Challenges - Children

- Began the pilot with 18 case managers who worked with children at least part of the time
  - 16 completed a children's assessment
  - 6 completed 2 or fewer assessments
  - 3 were from agencies with no other pilot CMs
- Many children pilot CMs only work with children part of the time and have a limited number of children assessments

# Pilot Challenges - Children

- Have been able to obtain 81 single and/or dual assessor samples, including 17 dual assessor samples

- Targeted 70 single & 30 dual Non-CLLI Children and 70 single & 30 dual CLLI assessments
  - Clear that targeted samples for children would not be met by pilot CMs within same timeframe as adults
  - As a result, Non-CLLI assessments will continue to be collected through December 2019 & CLLI through Spring 2020

# Pilot Challenges - CLLI/SCI

- Agencies who administer the CLLI and SCI waivers declined the opportunity to participate in the pilot, requiring participants on these waivers to sign up to complete assessment outside of their regularly scheduled meetings

- Department sent out two rounds of recruitment letters for these populations, however resulted in limited participant sign-up

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# Update on Automation

# NF/H-LOC & Reliability Pilot Automation

- In early 2019 automation vendor DXC informed Department that the full automated system, CarePlanner360, would not be available until August 2019

- Department decided to proceed with assessment in DXC's current CarePlanner product to avoid significant delays in the pilot timeframe

- CarePlanner did not provide tables nor offline capabilities, which allowed for data collection however in a less efficient system

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# Current Automation Status

- Department & HCBS Strategies incorporated CM feedback into assessment modules in July 2019

- CarePlanner360 released in August 2019, however, did not include July updates, tables, or offline capabilities

- Department wants to test full, complete process as it will be in the future for the Time Study pilot and as a result of automation-based delays has had to shift the timeframes for the next pilot

- Target for complete CarePlanner360 system is November 2019

# Next Pilot Phases

# Overview of Next Pilot Phases

- Will conduct three pilots: Compressive Assessment, Comprehensive Assessment & Support Plan, & Time Study
- 23 case managers will participate in these pilot phases
  - 3 Non-CLLI CMs (C-HCBS)
  - 4 Children-IDD
  - 4 Adult IDD
  - 4 Older Adult EBD
  - 4 Adults with physical disability
  - 4 Mental Health

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# Phase 1: Comprehensive Assessment Pilot

- CMs first testing of the full assessment process with voluntary & mandatory flow in CarePlanner360 system
- One full day in-person training is scheduled to occur November 2019 with assessments collected through December 2019
- Assessors will complete 2-3 assessments

# Phase 2: Comprehensive Assessment and Support Plan Pilot

- This phase will add the Support Plan to the Comprehensive Assessment. CMs will test content, flow, automated outputs from the assessment of areas to address in the Support Plan

- One full day in-person training is scheduled for January 2020 with assessments collected through February 2020

- Assessors will complete 3-4 assessments and support plans

# Phase 3: Time Study Pilot

- After CMs become familiar with the full process, they will complete additional assessments and Support Plans to determine time expectations for completing the process.

- The Department will use this data to help inform future rates caseload expectations

- A half day web-enabled training is scheduled to occur in February/March 2020 with assessments completed through April/May 2020

- Assessors will complete 4-5 assessments and Support Plans

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# Case Manager Feedback

- Will continue to conduct bi-weekly feedback meetings with CMs and collect feedback sheets after each assessment

- Will also hold 2 focused feedback sessions
  - The first will occur immediately after the Comprehensive Assessment and Support Plan phase
  - The second will occur immediately after the Time Study pilot

# Participant Feedback

- Three web-enabled participant focus groups will be conducted with participants and families from the next three phases

- Goal is to capture input on the updated Colorado Community Living Handbook and assessment and Support Planning process

- Will be inclusive of all pilot populations as well as geographic representation

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# Caveats on the First Draft of the Analyses

- Received final dataset on September 17th

- Have been extensively testing modeling file and cleansing data, but still plan on doing more

- Increased spacing of site visits to allow more time for analyses, which are even more complex than anticipated

# Stakeholder Meeting Updates

# New Stakeholder Meeting Dates

- To allow adequate time to react to stakeholder feedback and update the modeling sheets, have updated the stakeholder meeting dates

- Next meetings will occur:
  - November 6, 1-4p & November 7, 9a-12p
  - December 4, 1-4p & December 5, 9a-12p

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# Reliability Analyses

# Overview of Inter-Rater Reliability

- Inter-rater reliability (IRR): the extent to which two assessors assign the same rating on a given item, which is an indicator that the data collected is an accurate representation of the concept being measured

- IRR is calculated using paired assessments – two independent assessors (in this case, case managers) rate the same participant twice on every item

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# Inter-Rater Reliability Sample

- For the LTSS pilot, inter-rater reliability was calculated using a total sample of 107 participants who received dual assessments

- These 107 paired assessments were broken down by population:
  - 30 Mental Health assessments
  - 30 EBD assessments
  - 30 IDD assessments
  - 17 Children (CLLI/Non-CLLI)

# How is IRR Measured?

- Two ways to conceptualize
  1. *Percent agreement:* The simplest measure of IRR, calculated as the number of times the assessors agree, divided by the total number of paired assessments, times 100. This is an intuitive way to understand agreement between raters. However there are two drawbacks of examining percent agreement as a measure of IRR:
     a) It does not give us an idea as to the *degree* of disagreement (Independent/Partial Assistance is less disagreement than Independent/Substantial or Maximal Assistance)
     b) It does not take into account chance agreement (if raters were just arbitrarily assigning ratings, they would agree sometimes
     c) e.g., ratings could agree 90% of the time, but does not distinguish whether when scores disagree, the disagreements are minor (maximal assistance vs. dependent) or major (independent vs. dependent)

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# How is IRR Measured?

- Two ways to conceptualize

    2. *Weighted kappa statistic:* This measure addresses the issues with measuring IRR by percent agreement only. It is an adjusted form of percent agreement that takes into account chance agreement. Kappa also takes into account the amount of discrepancy between ratings that do disagree.

    - e.g., ratings that agree 90% of the time, but the disagreements are minor (maximal assistance vs. dependent) would have a higher kappa than when ratings are 90%, but disagreements are major (independent vs. dependent)

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# What is "Good" Reliability?

- We have color coded the reliability analyses to indicate the extent of agreement between raters

- Generally, accepted rules of thumb (Landis & Koch, 1977) dictate that kappas of:

| | |
|---|---|
| <0.4 | = poor agreement |
| 0.4-0.6 | = moderate agreement |
| 0.6-0.8 | = good agreement |
| 0.8-1.0 | = near perfect agreement |

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# Vast Majority of Items Were Found to Be Reliable

- 133 items were tested in the preliminary reliability analysis
- Only 3 items had a kappa statistic of < .6 for total sample
- The population-specific analyses revealed that the following number of items had a kappa statistic of < .6
  - **Mental Health-** 22
  - **EBD-** 46
  - **IDD-** 6
  - **Children-** 7
- **Have additional items to test**

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# Very Small Samples also Impact Reliability

- The strength of the measure of reliability also depends on the sample size. If the sample size is low, the kappa statistic can be sensitive to even a small amount of disagreement.

- If a certain variable (e.g., Tube Feeding) was not applicable to many participants, the kappa statistic may be unreliable because the sample size was low. We have also color coded these situations:

| Low sample size coloring legend |
|---|
| <10 |
| <20 |

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# When Might Kappa Not Be Useful?

- Kappa is stable when ratings are relatively evenly distributed across response options

- However, if the majority of ratings between raters are the same (e.g., 95% of the time raters agree that a participant is "Independent"), even couple instances of disagreement can cause the kappa statistic to be extremely low (below .4, 0, or even negative) (Yarnold, 2016)

- In these relatively rare situations, percent agreement is a more useful measure to examine reliability

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# When Might Kappa Not Be Useful?

- In the current analyses, this occurs occasionally in the subpopulations, when, for the majority of individuals in the population, both raters agree that the participant is Independent or does not have history of a behavior but once or twice the raters did not agree. We have highlighted these instances in blue
  - For example, in the Mental Health population, 27 out of 29 times, both raters agreed that the participant had "No history and no concern about this behavior" for Constant Vocalization. However, two out of 29 times, the raters disagreed. Therefore, we see 93% agreement, but the *kappa* is 0

- It may be worth looking into why raters disagreed in these few situations, but overall, the high percent agreement indicates that these low kappa values are not troublesome
  - This may indicate this item is not especially relevant for this population

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# Refer to Spreadsheet for Summary of All Variables

# Discussion of Items with Kappa Scores of Below .6

- FASI items with low reliability scores
- Non-FASI items with Low reliability scores
- Items with low kappa (<.25) but high (80%+) agreement

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# These are Preliminary Findings and Recommendations

- First, we propose to eliminate items not needed for LOC or support planning
- Second, discuss difference in scoring with CMs who gave different scores for item that we may want to keep
- Will also be eliminating items that appear to be assessing the same thing
  - Cluster analyses
  - Done after LOC analyses and discussions with CMs
  - Item(s) in cluster with lowest reliability will be the most likely to be eliminated

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# Having Participant's CM as One of the 2 Assessors May Have Impacted Reliability

- The participant's CM has additional information that the second assessor would not have known

- This could impact items that were based on conjecture rather than direct observation or participant/proxy report

- Methodologically, was not possible to have 2 assessors who had the same relationship with the participant (e.g., previously did not know them) given time and resources (and burden on the participant)

# Other Factors Potentially Affecting Reliability

- Low levels of direct observation used for scoring participants
- Inconsistencies in how assistive devices factored into scoring
  - Trained to score impairment when using devices that the participant normally uses
  - Very different than current practices

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# Other Considerations

- FASI items were shown to be reliable in other studies
  - Reinforces idea that issues may be Colorado specific
- FASI has a lot of items for ADLs
  - interRAI eliminated many items by showing they overlap
  - CMs already reporting that these feel like overkill
  - Cluster analyses and LOC analyses will help determine what to eliminate

# FASI Items with Low Reliability Scores

# Walk 10 Feet on Uneven Surface

- **Item Language:** The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.

- **Populations Impacted:** MH (.57, 89%), EBD (.56, 58%)

- **Potential Issues:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item- Supported by low level of agreement between assessors for EBD (58%)
  - Case managers may be responding with not using assistive devices

- **Proposed Remedies:**
  - Remove item
  - If cannot remove, provide additional examples in training

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# 4 Steps

- **Item Language:** The ability to go up and down four steps with or without a rail.
- **Populations Impacted:** MH (.30, 70%), EBD (.40, 65%)
- **Potential Issues:**
  - 4 steps may be relatively uncommon when compared to one step (curb) and 12 steps (flight of stairs) and may be challenging for participants to accurately respond to
  - Scoring difference may be related to whether CMs considered use of a railing
- **Proposed Remedies:**
  - Remove item if not needed for LOC
  - If cannot remove, provide additional examples in training for context for 4 steps

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# Walks for 15 Minutes

- **Item Language:** Without stopping or resting (e.g., department store, supermarket)
- **Populations Impacted:** MH (.22, 88%), EBD (.39, 60%), Children (.59, 70%)
- **Potential Issues:**
  - CMs were trained to use FASI guidance to score participants who could not walk for 15 min as "Dependent".
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item
- **Proposed Remedies:**
  - Remove

# Wheel 150 Feet

- **Item Language:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

- **Populations Impacted:** MH (.57, 83%)

- **Potential Issues:**
  - Potentially not observed – determination may have been based on CMs perception of the participant's stamina
  - May be related to whether CM considered wheeling on a hypothetical corridor (e.g., a tiled, straight one) or one they observed in the house (e.g., carpeted with objects lying around)

- **Proposed Remedies:**
  - Remove if not necessary for LOC
  - Test theories with CMs and provide guidance to consider wheeling in a straight tiled corridor with no obstacles

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# Roll Left and Right

- **Item Language:** The ability to roll from lying on back to left and right side and return to lying on back on the bed.

- **Populations Impacted:** MH (.40, 93%), EBD (.38, 82%)

- **Potential Issues:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item

- **Proposed Remedies:**
  - This is the transferring item with the lowest overall reliability (.646). If LOC analyses allow, propose removing the item

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# Car Transfer

- **Item Language:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

- **Populations Impacted:** EBD (.60, 55%)

- **Potential Issues:**
  - Case managers were instructed to only mark "N/A" if no information is available to inform the item. CM with ongoing relationship may have more information to use to respond to item

- **Proposed Remedies:**
  - There may be a strong relationship between this item and sit to stand and chair/bed to chair transfer. Propose removing the item

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# Eating

- **Item Language:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency.

- **Populations Impacted:** EBD (.55, 86%)

- **Potential Issues:**
  - Some CMs reported that they were trying to include the ability to cut food after it is presented on tray into this item, however this was not consistent across all CMs

- **Proposed Remedies:**
  - After receiving the cutting feedback from CMs added an additional item on cutting during pilot and clarified the intent of the eating item does not include cutting. Cutting item has high reliability and clarity on eating item improved

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# Making Light Cold Meal, Light Daily Housework, Light Shopping

- **Item Language:**
  - **Light Cold Meal:** The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and a sandwich and cold drink. (.58, 90.9%)
  - **Light Housework:** The ability to complete light daily housework to maintain a safe home environment such that the participant is not at risk for harm within their home. Examples include wiping counter tops or doing dishes. EXCLUDES doing laundry (.42, 61.9%)
  - **Light Shopping** - Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction (.59, 64%)

- **Populations Impacted:** EBD

- **Potential Issues:** Case managers were instructed to only mark "N/A" if no information is available to inform the item. CM with ongoing relationship may have more information to use to respond to item

- **Proposed Remedies:** During pilot meetings with CMs and in training manual updates provided clarification that "N/A" should only be used if participant never does activity. If others do it on behalf of the participant because of social role or ease, CMs should score based on ability to complete task

# Telephone Answering

- **Item Language:** The ability to answer call in participant's customary manner and maintain for 1 minute or longer. Does not include getting to the phone

- **Populations Impacted:** EBD (.53, 89%)

- **Potential Issues:**
  - Case managers were instructed to only mark "N/A" if no information is available to inform the item. CM with ongoing relationship may have more information to use to respond to item

- **Proposed Remedies:**
  - Item has high agreement, indicating most case managers were clear on how to score the item
  - In training, provide additional suggested prompts and scenarios for case managers to use when reviewing this item to avoid simply marking "N/A"

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# Simple Financial Management

- **Item Language:**
  - **Old Language:** The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping
  - **New Language:** The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, and/or using a debit or credit card
- **Populations Impacted:** EBD (.59, 62.5%)
- **Potential Issues:**
  - CMs reported that line between simple and complex and financial management was unclear because simple includes online/mobile bill pay and banking
- **Proposed Remedies:**
  - Updated assessment item to clarify simple financial management tasks and will implement in next pilot round

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# Non-FASI Items with Low Reliability Scores

# Walk Outside of Home

- **Item Language:** Code the participant's level of independence for walking OUTSIDE OF THE HOME based on the furthest distance that the participant could walk "Independent" above. If no distance was selected as "Independent", code for walking 10 feet outside the home.

- **Populations Impacted:** MH (.21, 89%), EBD (.36, 74%), IDD (.49, 97%)

- **Potential Issue:** Item requires assessor to identify which distance they should be using to respond to the item

- **Proposed Remedies:**
  - Remove item
  - Work with automation team to have item clearly state which distance should be used for this item using the same logic
  - Update training to provide clear examples of how to interpret this item

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# Keep Toilet Environment Clean

- **Item Language:** How often does the participant need assistance to keep toilet environment clean?

- **Populations Impacted:** EBD (.60, 70%)

- **Potential Issues:**
  - Included to mimic construct in 100.2. Even with clear guidance, this can be a subjective measure
  - Unlikely to be observed during assessment unless assessor observes bathroom that only participant uses

- **Proposed Remedies:**
  - Remove if not needed for LOC

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# Understanding Verbal Content

- **Item Language:** Understanding verbal content (excluding language barriers)
- **Populations Impacted:** EBD (.60, 79%)
- **Potential Issues:**
  - Item was contained within Mem/Cog section of the reliability assessment tool, which was the first section linearly. For CMs following the assessment linearly, this item may have occurred very early on, creating a significant disadvantage for CMs who were working with the participant for the first time
- **Proposed Remedies:**
  - This item has been moved to the Sensory and Communication module, which falls later in the linear assessment flow
  - Updated training language to have communication and memory/cognition conversations later in the assessment, particularly when working with new participants

# Express Self to Unfamiliar Individuals

- **Item Language:** Participant's ability to express ideas and/or wants with individuals he/she is not familiar with

- **Populations Impacted:** Children (.53, 69%)

- **Potential Issues:**
  - Have only small sample of children
  - Item was contained within Mem/Cog section of the reliability assessment tool, which was the first section linearly. For CMs following the assessment linearly, this item may have occurred very early on, creating a significant disadvantage for CMs who were working with the participant for the first time
  - May be different interpretations of unfamiliar individuals

- **Proposed Remedies:**
  - This item has been moved to the Sensory and Communication module, which falls later in the linear assessment flow
  - Updated training language to have communication and memory/cognition conversations later in the assessment, particularly when working with new participants
  - Further define "unfamiliar" individuals

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# Physically Aggressive or Combative

- **Item Language:** Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting).

- **Populations Impacted:** EBD (.52, 93%)

- **Potential Issues:**
  - Unlikely to be observed during assessment so unless second CM did a thorough record review would likely not know this behavior is present

- **Proposed Remedies:**
  - Item has very high agreement, indicating most case managers were clear on how to score the item
  - In training, provide additional clarification on item prompts and examples for variety of populations

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# Refusing ADL/IADL/Medical Care

- **Item Language:** Participant resists required assistance (e.g., resists ADL assistance or medications)
- **Populations Impacted:** MH (.55, 73%), EBD (.35, 90%)
- **Potential Issues:**
  - Unlikely to be observed during assessment so unless second CM did a thorough record review would likely not know this behavior is present
- **Proposed Remedies:**
  - Confirm theory with CMs with different scores – if confirmed and CMs indicate item helpful for support planning, keep
  - In training, provide additional clarification on item prompts and examples for variety of populations
  - Provide clear instructions to review records and, when possible, speak to proxies and staff if they do not have previous knowledge

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# Wandering or Elopement

- **Item Language:** Participant purposefully, or would without an intervention, leave an area or group without telling others or departs from the supervising staff, caregiver, parent or other guardian unexpectedly resulting in increased vulnerability

- **Populations Impacted:** EBD (.44, 90%)

- **Potential Issues:**
  - Unlikely to be observed during assessment so unless second CM did a thorough record review would likely not know this behavior is present

- **Proposed Remedies:**
  - Item has very high agreement (90%), indicating most case managers were clear on how to score the item
  - Clarify with reasons why CMs who gave very different scores did so
  - In training, provide additional clarification on item prompts and examples for variety of populations

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# Difficulty Regulating Emotions

- **Item Language:** Participant has instances, or would without an intervention, of emotional reactions that are atypical of others in similar situations

- **Populations Impacted:** EBD (.47, 80%)

- **Potential Issues:**
  - Unlikely to be observed during assessment so unless second CM did a thorough record review would likely not know this behavior is present

- **Proposed Remedies:**
  - Test hypotheses with CMs who gave different scores
  - In training, provide additional clarification on item prompts and examples for variety of populations

# Withdrawal

- **Item Language:** Participant has a tendency, or would without an intervention, to retreat into or seclude oneself or to avoid conversation, interaction or activity

- **Populations Impacted:** EBD (.58, 80%)

- **Potential Issues:**
  - Unlikely to be observed during assessment so unless second CM did a thorough record review would likely not know this behavior is present

- **Proposed Remedies:**
  - Test hypotheses with CMs who gave different scores
  - In training, provide additional clarification on item prompts and examples for variety of populations

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# Items with Very Low Kappa (<.25) but High (80%+) Agreement

# Picking Up an Object

- **Item Language:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor

- **Populations Impacted:** IDD (0, 96%)

- **Potential Issues:**
  - Both raters scored participants as independent on this variable every time except once, where scores differed substantially. Percent agreement should be a better measure here

- **Proposed Remedies:**
  - No action needed

# Wheels for 15 Minutes

- **Item Language:** Without stopping or resting (e.g., department store, supermarket)
- **Populations Impacted:** MH (.57, 83%), IDD (0, 75%)
- **Potential Issues:**
  - CMs were trained to use FASI guidance to score participants who could not wheel for 15 min as "Dependent". If these directions were not followed would result in substantial variability
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item
  - Relatively small sample size across all populations
- **Proposed Remedies:**
  - Remove item
  - If kept, provide additional contextual examples in training

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# Wheel Across a Street

- **Item Language:** Crosses street before light turns red

- **Populations Impacted:** Children (0, 80%)

- **Potential Issues:**
  - With the extremely small sample size for children (5) it is hard to say anything meaningful about these results
  - There was just one disagreement (1, 6). All the other scores were 6's (dependent)

- **Proposed Remedies:**
  - Remove if not necessary for LOC

# Sit to Lying

- **Item Language:** The ability to move from sitting on side of bed to lying flat on the bed.

- **Populations Impacted:** MH (-.03, 93%), EBD (.54, 87%)

- **Potential Issues:**
  - Not likely to be observed during assessment so CM with ongoing relationship may have more information to use to respond to item.
  - Score may differ based on whether someone thinks it is <u>safe</u> to let someone lie back unassisted.
    - Participant may be able to do it, but a CM could have concerns about a strain or falling out of bed

- **Proposed Remedies:**
  - May remove depending on LOC
  - There is relatively high agreement on this item (86% or greater) across all populations, suggesting this item should be kept
  - Additional suggestions for tasks to observe during an assessment (e.g., watching someone lean forward/back in a chair) that may inform this item will be added to training

# Sit to Stand

- **Item Language:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.

- **Populations Impacted:** MH (.30, 96%), EBD (-.06, 73%)

- **Potential Issues:**
  - The key distinction for ADLs is observing and discussing the amount of support that is needed for a participant to complete this activity safely. This allows for a level of subjectivity, particularly when observing an unsteady individual standing from a sitting position

- **Proposed Remedies:**
  - Considering removing if not needed for LOC
  - If kept, provide additional examples and scenarios for each scoring category. However, the additional information gained may not be worth the greater training requirements
  - More strongly emphasize using observation to help score items

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# Toilet Transfer

- **Item Language:** The ability to safely get on and off a toilet or commode

- **Populations Impacted:** EBD (-.09, 82%)

- **Potential Issues:**
  - The majority of people are scoring independent in this item, but there are a few instances of minor disagreement (e.g., setup vs. supervision)

- **Proposed Remedies:**
  - Provide additional examples in training to clarify how response options should be used for this option

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# Injurious to Animals

- **Item Language:** Participant displays, or would without intervention, behaviors that would result in the injury of an animal

- **Populations Impacted:** IDD (0, 97%)

- **Potential Issues:**
  - All participants were scored as "No issue" except for one who was scored "Has history, no concern about reoccurrence". This suggests primary assessor had knowledge of history that second assessor did not

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

# Socially Unacceptable Behavior

- **Item Language:** Participant expresses him/herself, or would without an intervention, in an inappropriate or unacceptable manner. Includes disruptive, infantile, or socially inappropriate behavior

- **Populations Impacted:** EBD (.25, 90%)

- **Potential Issues:**
  - Almost everyone agrees, with a few disagreements that may be informed by familiarity with participant

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

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# Verbal Perseveration

- **Item Language:** Participant engages, or would without intervention, in continuous verbal repetition (such as of a word or phrase)

- **Populations Impacted:** MH (-.05, 90%), EBD (.42, 93%)

- **Potential Issues:**
  - Almost everyone agrees, with a few disagreements that may be informed by familiarity with participant

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

# Fire Setting or Preoccupation with Fire

- **Item Language:** Participant has, or would without intervention, set fires or has an excessive fascination with fire.

- **Populations Impacted:** IDD (0, 97%)

- **Potential Issues:**
  - Almost everyone agrees, with a few disagreements that may be informed by familiarity with participant

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

# Intrusiveness

- **Item Language:** Participant has a tendency, or would without an intervention, for entering personal or private space without regard or permission

- **Populations Impacted:** EBD (0, 97%)

- **Potential Issues:**
  - All participants were scored as "No issue" except for one who was scored "Has history, no concern about reoccurrence". This suggests primary assessor had knowledge of history that second assessor did not

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

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# Confabulation

- **Item Language:** The participant produces fabricated, distorted, or misinterpreted memories about his/herself or the world, without the conscious intention to deceive

- **Populations Impacted:** EBD (0, 97%)

- **Potential Issues:**
  - All participants were scored as "No issue" except for one who was scored "Has history, no concern about reoccurrence". This suggests primary assessor had knowledge of history that second assessor did not

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

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# Constant Vocalization

- **Item Language:** Participant exhibits constant vocalizations, such as screaming, crying, laughing, or verbal threats, which cause emotional distress to family caregivers. "Constant" is defined as an occurrence on average of fifteen minutes of each waking hour

- **Populations Impacted:** MH (0, 93%)

- **Potential Issues:**
  - Almost everyone agrees, with a few disagreements that may be informed by familiarity with participant

- **Proposed Remedies:**
  - Encourage CMs to use multiple sources of information including proxy interview, observation, and documentation reviews

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# LOC Analyses

# Pilot Samples

- LOC analyses included 413 pilot assessment across all populations
  - 134 EBD (Includes SCI and BI)
  - 98 IDD
  - 100 Mental Health
  - 81 Children
    - 64 Non-CLLI Children & 17 CLLI Children
- Sample includes:
  - 64 individuals who completed LOC Screen
  - 349 individuals who completed NF/H-LOC & Reliability Assessment

# Overview of LOC Pilot Tools

- LOC Assessment
  - Content was items that mimic constructs from the ULTC 100.2 (ADLs, behaviors, & mem/cog)
- NF/H-LOC & Reliability Assessment
  - Included items from LOC assessment as well as items that were needed for reliability testing and case manager & participant input
  - Comparable to the Basic Assessment
  - To obtain a complete dataset, all items were mandatory

# LOC Modeling File - Levers

- Levers allow us to update the response threshold for a single item to see how changing that response threshold impacts overall eligibility

- Levers currently allow for manipulation of ADLs, behavior, and mem/cog constructs
  - In next meetings can identify other assessment items that should be considered under the levers

- Each scenario includes a standard lever setting for each LOC category

# LOC Discussion

- Discussion will review the following documents:
  - Scenario Overview
  - Lever and Outcome summaries for each scenario
- Outcomes show the impact of each scenario on LTSS & waiver populations as well as comparisons of who meets the LOC items under the ULTC 100.2 and new assessment

# Approach for NF-LOC

- Will review 3 scenarios:
  - A: Supervision/Moderate Impairment
  - B: Hands On/Moderate Impairment
  - C: Customized LOC
- Will refine further after site visit and present at next site visit

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# Hospital LOC – Preliminary Discussion

- Not addressing CCLI at this time

- Hospital LOC only used for federal budget neutrality – will not impact eligibility

- Analyzed factors that were related to costs – most related to ADLs

# Outline of Draft Hospital LOC Criteria and Next Steps

- Likely to be meet NF-LOC + additional thresholds tied to ADLs

- Will use modeling to develop a criteria that identifies enough high-cost individuals so that people who remain as NF-LOC meet cost neutrality

- Will not impact eligibility or services
  - Not tied to resource allocation

# Next Steps

- Test theories on reliability issues and determine which items to remove

- Refine NF-LOC modeling and track down additional information to minimize the number of people for whom eligibility changes

- Develop Hospital LOC modeling file